U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Manageme and Budget No. 1215-0188 Expires 11-30-200

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	(AUG152005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 703-9	2. Fiscal Year Covered From:
Name and address of person filing.	1/1/04 Through: 12/3/104
Name Sarah J. Smith	4. Name, file number, and address of labor organization. Name Communications Workers of America Labor Organization File Number 002389
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3516 COVINGTON HWY	Street 3516 Coving ton Hwy
city Decatur	city Decatur
State $Georgia$ ZIP Code + 4 3 003 \mp 5. Position in labor organization. $Staffer Representation$	State Georgia ZIP Code + 430032
Enter appropriate data below if, during the past fiscal year, you or your spot	

your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in t	transactions (including loans) with, o	r derived income or other economic benefit of
6. Name and address of Employer (inc.		r derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name	-, - .,,,	Transaction, or income.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	e each	7.b. Amount. AININE #318,20
City		Meal \$30.00
State	ZIP Code + 4	Hotel \$130.84 Meal \$30.00 Trip to Denver, Colorado to meet Ongrievances per the contract

Signature

			Oigriature		
15. Signature and verificat submitted in this report (incluundersigned's knowledge an	ion. The und ding the info d belief, true	dersigned d rmation cor , correct, a	declares, under penalty of Perjury and ot intained in any accompanying documents and complete. (See the section on penalt	ther applicable penalties of the law, that all of the s), has been examined by the signatory and is, ties in the instructions.)	ne information to the
a di	~ ^	1			

Telephone Number

Name of Person Filing	
	File Number U-
B. Held an interest in or derived income or economic benefit with more substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor	or otherwise dealing with the business or is actively seeking to represent or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than	
 Received from any employer (other than an employer covered ur or from any labor relations consultant to an employer any payment of mon 	nder parts A and B above) ney or other thing of value.
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
lame	
rade Name, if any:	
.O. Box, Bldg., Room No., if any	
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Corporate Services

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My Travel Plans My Travel Plans My Travel Plans My Travel Plans

Record Locator: Agent ID: Pege:

DUFREAN

General on: 3/30/04 @ 05:26 PM

8112 Woodland Center Blvd. - Tampa, FL 33614

Phone: (886) 669-6114

Deliver to : DEL 30MAR SUPPORT/EXCHANGES CATIE KEARNEY ATT 719-495-4868 15430 HERRING RD COLORADO SPRINGS CO 80908

Travel arrangements

Billing Code:

prepared exclusively for:

Y3F

Sarah Smith Airline Code: 006 Ticket Nbr: 7588577006

Check Digit: 6

Ticket Base Fare (USD): Ticket Tax Fere:

184.18 34.02

Electronic: Yes

Invoice: 000077735

Ticket Date: 03/30/2004

Total (USD) Ticket Amount:

218.20

Wednesday April 21, 2004

DELTA AIR LINES

Flight

COACH - Class 1605

Bosing 767

Seat: 36B

Flight time: 03:28

From:

Attenta, GA

NON-SMOKING DEPARTING AT 8:46 AM

FOOD TO PURCHASE

1,208 Miles

To:

Denver, CO

arriving at 10:14 am

Departure Terminal: ATL TERMINAL S

Thursday

April 22, 2004 DELTA AIR LINES

COACH - Class 1850 DEPARTING AT 3:40 FM NON-SMOKING

Sept: 418 Boeing 767 FOOD TO PURCHASE

Flight time: 02:55 1,208 Miles

From: To:

Deriver, CO Atlanta GA Arrival Terminal: ATL TERMINAL S

Arriving at 8:35 PM

Current Fare ; 218.20

Prior ticket 0067588708789 credit: -218.20 Exchange Fee: 100.00

Total: 100.00 Balance Due ; 0.00

NONREFUNDABLE TICKETS. CHANGES MAY BE SUBJECT TO A FEE PLUS THE FARE DIFFERENCE PROVIDED ORIGINAL RESTRICTIONS ARE MET THIS FARE HAS A 7 DAY ADVANCE PURCHASE AND .. CHANGE REQUIREMENT FOR 24 HOUR EMERGENCY TVL CALL 800-519-6210

Agent ID: Page : P.03

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My Travel Plans

My Travel Plans My Travel Plans My Travel Plans My Travel Plans

MERICAN EXPRES

Carporale Services

Record Locator: Generated on: 3/02/04 @ 04:50 PM

8112 Woodland Center Blvd. - Tampa, FL 33614

Phone: (813) 243-6200

Deliver to : DEL OZMAR DOMESTIC ETKT CATIE KEARNEY ATT 719-495-4868 15430 HERRING RD COLORADO SPRINGS CO 80908

Travel arrangements

prepared exclusively for :

Billing Code:

Y3F

Sarah Smith

Aldine Code: 006

Electronic: Yes

Ticket Nbr: 7587028789 Invaice: 000076143

Check Digit: 0

Ticket Date: 03/02/2004

Ticket Base Fare: Ticket Tax Fare: 184.18 34.02

Total Ticket Amount Including Tax:

218.20

Wednesday March 31, 2004

DELTA AIR LINES

Flight

Flight:

COACH - Class 1605 NON-SMOKING Boeing 767

Seat: 32B

Flight time: 09:28

From:

April 1, 2004

DELTA AIR LINES

Atlanta, GA

DEPARTING AT 8:42 AM

FOOD TO PURCHASE

1,208 Miles

Danver, CO

ARRIVING AT 10:10 AM

Departure Terminal: ATL TERMINAL S

Thursday

COACH - Class 1650

Seat: 38F Boeing 767

Flight time: 02:49

From:

Danver, CO

DEPARTING AT 3:40 PM NON-SMOKING

FOOD TO PURCHASE

1,208 Miles

To:

Atlanta, GA

ARRIVING AT 8:20 PM

Arrival Terminal: ATL TERMINAL S

Airfare charged to American Express: 218.20

Galance Due : 0.00

NONREFUNDABLE TICKETS. CHANGES MAY BE SUBJECT TO A FEE PLUS THE FARE DIFFERENCE PROVIDED ORIGINAL RESTRICTIONS ARE MET THIS FARE HAS A 7 DAY ADVANCE PURCHASE AND ...CHANGE REQUIREMENT FOR 24 HOUR EMERGENCY TVL CALL 800-519-6210



Sheraton Denver Tech Center

Mrs Sarah Smith 90 De France Way Golden, CO 80401

Room Number: 1003 SPG #: C 718361266

Arrival 04/21/04 Departure 04/22/04 Confirm No 233307

Information Folio

Sheraton Denver Tech Ctr, Englewood CO, 04/21/04 Printed At 01:53 By EBO Page # 1

Date	Reference		Charge	Credit
04/21	Room Charge		119.00	
	Tax - City 6.00%		7.14	
	State Sales Tax-3.95%		4.70	
		Total	130.84	
		Balance	130.84 \$	

As a Starwood Preferred Guest member you have earned Starpoints for your stay.

Preferred Guest Account: 718361266 <u>Starwood Preferred Guest: Anytime. Anywhere.</u>

Please Note: Starpoint/Mileage Totals are calculated when your account is settled.